

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,686.00 for dates of service 09/05/01, 09/19/01 and 10/18/01.
- b. The request was received on 02/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Reimbursement data
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution dated 09/05/01
 - b. HCFA(s)
 - c. TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/03/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/04/02. The insurance carrier's complete response was received in the Division on 02/22/02. All information in the case file will be reviewed.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

“Per Spine Treatment Guideline 131.1001 (T)(i) ESI must be under fluoroscopic control. Please refer to Avisory 97-01.

Fluoroscopic guidance with epiduragram is not global to the injection procedure as billed by the doctor on her professional charges. The injection procedure CPT code *62289 is a starred procedure, which is not subject to the global rules and allows us to bill for the technical portion of the radiology procedure of the ESI. Denied global is incorrect our Technical portion of the ESI is documented in the operative report ‘Under intermittent C-arm fluoroscopic guidance’ This is required and is medical [sic] necessary.”

2. Respondent:

“The carrier does **not question if the disputed procedures were done or if either were medically necessary but does question the code selected for the fluoroscopy and the unbundled charges for the epiduragram.**

The carrier based reimbursement of the fluoroscopy (76499 27 22 for \$3560.00 billed by the facility) upon the code billed by the physician performing the procedure Dr ...MD (copy of bill attached). The physician not only performed the procedure but would also have the most accurate grasp of the necessary medical skills and decision making involved. Dr....MD must have felt that the code 7600026 most accurately reflected her time and medical skills for the procedure. Therefore the facility was reimbursed for the technical portion of this same code as fair and reasonable for the miscellaneous procedure code 76499 27 22. It is the Carrier’s understanding from discussion with the TWCC Medical Benefits Specialists that the codes billed by the facility and the physician for the technical and the professional components of the same procedure should be identical. Therefore the codes billed by the Doctor, who has the most Medical Expertise, were utilized for reimbursement.

The second disputed code also miscellaneous (76499 27) for \$300.00 for the epiduragram was not reimbursed. This decision was based upon two factors. The first one being the **TEXAS MEDICAL FEE GUIDELINE surgery ground rules pg. 65 E. Miscellaneous Surgical Issues 4. Surgical Injections** and on pg. **66d**. ‘When introducing additional materials through the same puncture site, reimbursement shall be allowed for the materials only.’ ...This was the same puncture site and therefore this ground rule applies and only the contrast medium for the epiduragram should be reimbursed. Secondly the Doctor performing the procedure did **not bill for this procedure** although it is documented on the procedure report, further verification that not only is the epiduragram procedure not reimbursable due to the fee guidelines but also it is included in the main procedure of epidural steroid injection.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 09/05/01 and extending through 10/18/01.
2. The denial codes listed on the alternate TWCC 62 are “D-DUPLICATE CHARGE, T-THIS PROCEDURE IS INCLUDED IN ANOTHER PROCEDURE ON THE SAME DATE OF SERVICE, F-IF REDUCTION, THEN PROCESSED ACCORDING TO THE TEXAS FEE GUIDELINES.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
09/05/01 09/19/01 10/18/01	76499-27-22	\$350.00 \$350.00 \$350.00	\$88.00 \$88.00 \$88.00	F,T,D F,T,D F,T,D	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	<p>The carrier has denied the charges in dispute as “D-DUPLICATE CHARGE, T-THIS PROCEDURE IS INCLUDED IN ANOTHER PROCEDURE ON THE SAME DATE OF SERVICE, F-IF REDUCTION, THEN PROCESSED ACCORDING TO TEXAS FEE GUIDELINES.” Carrier’s response is timely and no other EOB’s or reaudits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.</p> <p>According to the TWCC Advisory: “ESIs must be performed under fluoroscopic control.</p> <p>The CPT descriptor states, “Unlisted diagnostic radiologic procedure.” The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (II)(A) states, ... (TWCC) has incorporated usage of the ... (AMA’s) 1995 ... (CPT) codes. The MFG has CPT code 76000 which has the descriptor “Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy). The CPT code 76000 is sufficiently descriptive of the procedure performed and should have been used. The MAR value of 76000-27 is \$88.00. The Carrier already reimbursed the CPT code in dispute for the DOS at \$88.00. Therefore, additional reimbursement is not recommended for the dates of service 09/05/01, 09/19/01, and 10/18/01.</p>

09/05/01 09/19/01 10/18/01	76499-27	\$300.00 \$300.00 \$300.00	\$0.00 \$0.00 \$0.00	F,T,D F,T,D F,T,D	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	<p>The carrier has denied the charges in dispute as “D-DUPLICATE CHARGE, T-THIS PROCEDURE IS INCLUDED IN ANOTHER PROCEDURE ON THE SAME DATE OF SERVICE, F-IF REDUCTION, THEN PROCESSED ACCORDING TO TEXAS FEE GUIDELINES.” Carrier’s response is timely and no other EOB’s or reaudits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.</p> <p>According to the TWCC Advisory: “ESIs must be performed under fluoroscopic control.</p> <p>The TWCC Advisory 97-01 states, “... When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures (emphasis added) are considered part of the service and should not be billed separately. The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended.</p> <p>Therefore, reimbursement is not recommended for the dates of service 09/05/01, 09/19/01, and 10/18/01.</p>
Totals		\$1,950.00	\$264.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 25th day of June 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.